



## Assessing Immunization Records

The increased use of electronic medical records has aided in identifying invalid doses of vaccines that were administered outside of the recommended schedule, sometimes many years ago. This guidance is intended to assist school personnel in assuring students are protected from vaccine preventable diseases and meet requirements. **There is no allowance in Vermont's immunization rule for long term provisional admittance.** Students must be vaccinated or have a valid exemption. Consider speaking to the student's health care practitioner (HCP) first, to assure clarity of the vaccination plan when the Notice of Missing Immunizations and Provisional Admittance is sent to a parent/guardian.

### 1. 4 Day Grace Period

Vermont's school immunization rule follows the Centers for Disease Control and Prevention (CDC) vaccine recommendations for minimum intervals between vaccine doses, and the minimum age vaccine can be administered. Vermont also recognizes the CDC recommended 4-day grace period for both minimum age and interval between doses in a vaccine series. Doses of vaccines administered outside of the 4-day grace period must be repeated or a current exemption form must be submitted to the school.

### 2. Use of the Medical Exemption

By statute, only those HCP authorized to prescribe vaccines may sign the Department published medical exemption form. Schools may not accept a letter from the HCP or an outdated version of the published form. Medical exemptions are valid for the dates specified by the HCP on the form.

A medical exemption may be utilized:

- When vaccine(s) is medically contraindicated.
- When vaccine(s) is or may be detrimental to health.

A medical exemption may **not** be used:

- When vaccine is not indicated due to immunity (e.g. a positive titer to measles or rubella, or history of chickenpox disease). In place of vaccination dates, submit documentation of laboratory results, except for chickenpox (varicella) where written parent report of disease is acceptable.
- To exempt students from CDC recommendations for additional immunizations when minimum age, and/or intervals between vaccine doses, have not been met.

### 3. Vaccine Specific Issues

#### ➤ Hepatitis B vaccine:

CDC's recommended schedule for administering hepatitis B vaccine doses has not changed since the vaccine was introduced. Combination vaccines, casual adherence to the minimum interval between doses and the minimum age for administration of the final dose, have contributed to administration of invalid doses. Students who received an invalid vaccination need an additional dose of hepatitis B vaccine to meet requirements.

Vermont's immunization rule follows the CDC's recommendation because:

- *there is no precaution or contraindication to additional doses*
- hepatitis b disease is endemic
- students will need to meet the same schedule in other states, for college entry, and in future employment

Hepatitis B vaccine minimum intervals and age are:

- minimum interval between dose 1 and 2 is 4 weeks
- minimum interval between dose 2 and 3 is 8 weeks
- minimum interval between dose 1 and 3 is 16 weeks
- minimum age for the final dose is 24 weeks

The hepatitis B vaccine series never needs to be re-started after long gaps between doses, simply resume vaccination to complete the series.

#### ➤ Polio vaccine:

In school year 2018-19:

Students in grades K-9, (and advancing one grade each year) must adhere to the current CDC recommendations which are: The minimum interval between doses of inactivated polio vaccine (IPV) is 4 weeks between dose 1, 2 and 3; and 6 months between dose 3 and 4. The 4th dose is not needed if the 3rd dose is administered on or after the 4th birthday and there is a 6 month interval between dose 2 and 3. The final dose in the series must be on or after age 4 years.

All students in grades 10-12 (and advancing one grade each year) must meet the pre-2008 Vermont rule:

3 or more doses of any combination of either OPV or IPV providing there is a 6-month interval between any 2 doses after the second dose.

There is no reference to minimum intervals between other doses, and no reference to minimum age of final dose.

Students in grades K- 9, (and advancing one grade each year) vaccinated in countries where oral polio vaccine (OPV) is used:

Use the date of vaccine administration to make a presumptive determination of what type of OPV was received. If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid Trivalent OPV (tOPV) dose

Rationale: tOPV was used in all OPV-using countries prior to April 2016. In April 2016, all countries using tOPV simultaneously switched to bivalent OPV (bOPV), with monovalent OPV (mOPV) used in some vaccination campaigns. Only tOPV doses count as valid doses for the U.S. polio vaccination schedule.

Those with invalid OPV doses should receive IPV to complete the schedule according to the U.S. IPV schedule.

Students age 18 and older:

Polio vaccine is not routinely recommended for adults; therefore, it is not a school requirement.

### ➤ **Tetanus containing vaccines (DTaP/Tdap/Td)**

[Guidance for school nurses and administrators for non-routine tetanus containing vaccine administration](#) from the Immunization Action Coalition (IAC).

Some typical catch up scenarios are:

- Students age 7 or older with no DTaP series. The series is completed with one dose of Tdap, and two doses of Td. A six-month interval must separate dose 2 and 3.
- Students age 7 or older with an incomplete DTaP series. The series is completed with one dose of Tdap and depending on the age and number of DTaP doses previously received, may need one or two doses of Td. See the guidance from IAC above.
- Kindergarteners without a final dose of DTaP (or polio) at age 4 or older. Give one dose of DTaP (and one dose of polio). These doses are required for kindergarten entry and may not be deferred until a 5<sup>th</sup> or 6<sup>th</sup> birthday.

## **4. Resources**

School nurses and administrators may apply for access to Vermont's Immunization Registry (IMR). In addition to vaccination dates, the IMR includes an assessment tool that will determine if students are following CDC's recommendations. This is particularly helpful for schools without electronic health records or assessment software. [Contact the IMR for information](#).

Other resources for assessing immunization records:

[CDC's catch up vaccination schedule](#)

[CDC's minimum age and interval table](#)

[Health Department School Liaisons](#) and [Immunization Program staff](#) can also help with assessing immunization records and providing recommendations. The Immunization Program may also be contacted by phone at 800-640-4374 or email [AHS.ImmunizationProgram@vermont.gov](mailto:AHS.ImmunizationProgram@vermont.gov)